Season Contract EPIC Productions Year: _____

I _____ the parent/guardian and _____ (skater's name) have read all of the guidelines and rules, code of conduct, and financial responsibilities for participating on the EPIC Productions team ("TEAM"). I/We fully understand and will do our best to abide by them.

I will read the Epic Productions Handbook (found on epicproductionsfoco.org) fully before the start of the season.

I will pay monthly dues to pay for competition expenses, ice time coaches' fees, costumes/props, and other items.

I will ensure that I have completed the USFS qualifications for the National Showcase competition before June 1 of the program year, including upt-to-date membership in USFS and the Fort Collins figure Skating Club.

Monthly dues cover include all coaching on- and off-ice, competition registration and coach fess, costumes, props, and scenery, video and photographic recordings of the National Showcase Competition, administrative costs, and other miscellaneous costs.

- Registration requires a non-refundable deposit of $250, due before rehearsals begin, that will be applied to your total balance at the end of the season.
- All payments are due at the beginning of the month, and may be made by credit/debit card (via an online service). (Advance payments are welcome.)
- A $10 service fee will be added to your account if you are not paid in full at the end of each month.
- Refunds will not be issued for skaters who do not attend practices, choosing not to finish a season, or lack of performance privileges.
- Returned checks will be charged the appropriate late fee plus any bank fees.

Skaters are responsible for purchasing the required team jacket, not covered by program fees. Personal costs NOT covered included consist of: flight to competitions, hotel and transportation for the skaters and parents for out of state competitions, travel to any other competitions or workshops, skater make-up, practice gear (black pants, black shirt), athletic shoes, FCFSC and USFS membership, and any deficiencies in competition expenses not covered by fundraising.

Fundraising conducted during the season will be used to pay for costs as needed such as team t-shirts or additional gear, team social events/dinners, and may be used to reduce skater payments at the end of the season if possible.

EPIC Productions reserves the right to cancel the program in extreme circumstances in consultation with parents/skaters and the FCFSC. In the event of cancelation, unused funds beyond debts owed by the program will be returned to parents/skaters in equal distribution.

I/We hereby agree that the coaches, managers, team committee, and the Fort Collins Figure Skating Club shall not be held responsible for any accident or injury which may occur to my skater at practices, competitions, and/or exhibitions or while engaging in team activities.

I/We expressly understand and agree that neither the City of Fort Collins, Colorado, a municipal corporation, nor any of its officers, agents, volunteers, assistants, or employees shall be held responsible or made the subject of any claim seeking to assess damages or liability for or arising from personal injury or property damage or loss of any other sort to myself or other person in whose behalf this contract is now signed as a result of actuarial or proposed participation in the above-named program, and I hereby agree to indemnify and hold the city of Fort Collins, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim.

If I/We cannot meet these obligations for some reason we submit it to the coaches in writing and will not be able to continue as a Team Member or Skater.

Signature of Skater (all) _____ **Date**_____

Parent signature (if Skater is under 18) _____ **Date**_____
All skaters must have their participation approved by their main coach. The coach must be fully informed of the rehearsal commitment.

Signature of Main Coach _____ **Date**_____

Updated January, 2022

EPIC PRODUCTIONS TEAM MEDICAL FORM

Skater's Name _____ Date of Birth _____

Address _____

Parent/Guardian Phone _____ USFS # _____

Alt Phone Number (cell, work, etc.) _____

Alternative emergency contact (if designated parent or guardian cannot be reached)

Name _____Relationship _____

Home Phone Number _____ Cell _____Work _____

Physician's Name _____ Phone _____

Dentist/Orthodontist _____ Phone _____

Hospital/Medical Insurance Company _____

Group Number _____ Service Number _____ Contract Number _____

Dental Coverage? Yes ___ No ____ Does health provider require approval before treatment? Yes ___ No __

Health History and Status

Check all of the following that apply.

Chronic Problems:	Allergies:	Diseases:
☐ Ear infections	☐ Hay fever	☐ Chicken Pox
☐ Rheumatic fever	☐ Ivy poisoning	☐ Measles
☐ Convulsions	☐ Insect stings	☐ COVID
☐ Asthma	☐ Insect bites	☐ Mumps
☐ Diabetes	☐ Penicillin	☐ Whooping Cough
☐ Psychological	☐ Food	☐ Other

Are immunizations up to date? Yes ___ No ___ Explain _____

Indicate COIVD vaccines skater has: 1st _ 2nd _ Booster _ None _. Date of last vaccine/booster:_____

Date of last tetanus vaccination: _____

Describe allergic responses and management: _____

_____

Operations or serious injuries (and dates): _____

_____

List medication and/or treatment you are now receiving: _____

_____

Menstruating: Yes_____ No _____ Bleeding disorders (if none, so state) _____

Contact lenses used: Yes _____ No _____ Type _____

Describe any other health related/medical problems (use another page if necessary) _____

_____

AUTHORIZATION FOR MEDICAL TREATMENT

I/We _____ give permission for Coach(es) _____ to authorize any necessary medical, or surgical treatment for my/our child, _____ that might be needed from date _____ to date _____.

Family Physician: _____ Phone _____

Other Physicians: _____ Phone _____

Dentist/Orthodontist: _____ Phone _____

Medical History: _____

_____

_____

Allergies and reactions: _____

_____

Date of Last Tetanus Booster: _____

Date of last COVID vaccine/booster: _____

Name of Insurance Company: _____

Address (forms to be mailed): _____

Remarks: _____

Insurance Policy Number: _____ Group # _____

Social Security Number (insured party): _____

Parent/Legal Guardian Signature: _____ print _____ date _____

Notary:_____

Date: _____

Updated January, 2022